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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00147066 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2006 05 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 06 14 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name American Council of Life Insurers Political Action Committee [®] D " D 0.5 0 1 2006 0.5 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 57647.24 [°]2006 January 1 (b) Cash on Hand at 81973.94 Begining of Reporting Period 38255.31 153885.70 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 120229.25 211532.94 6(a) and 6(c) for Column B) 63615.96 154919.65 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 56613.29 56613.29 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

-ederal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

American Council of Life Insurers Political Action Committee

0 1 3^D1 м м 0 5 м м 0 5 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5763.58 28611.53 (i) Itemized (use Schedule A) 2491.73 20274.17 (ii) Unitemized (iii) TOTAL (add 8255.31 48885.70 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 30000.00 105000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 38255.31 153885.70 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 38255.31 153885.70 12, 13, 14, 15, 16, 17, and 18(c))

38255.31

153885.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	2.22	0.00
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	60904.04	151212.73
4.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
,.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
3 .	Loan Repayments Made	0.00	0.00
,	Loans Made	0.00	0.00
28. R	Refunds of Contributions To: (a) Individuals/Persons Other	211.02	211.00
	Than Political Committees	211.92	211.92
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	211.92	211.92
9.	Other Disbursements	2500.00	3495.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	63615.96	154919.65
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	63615.96	154919.65
	from Line 31)	03010.90	154919.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	38255.31	153885.70
34. Total Contribution Refunds (from Line 28(d))	211.92	211.92
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38043.39	153673.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 30
	•	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary Fage	13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements mag	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Kenneth Shields			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700 West	1W		05 26 2006
	City	State	Zip Code	Transaction ID: 14747870
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer American Council of Life	Occupatio		
	Insurance Receipt For:		sident, Publishing e Year-to-Date ▼	_
	Primary General	Aggregate	e fear-to-Date ▼	
	Other (specify)		300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Gary L. Eisenbarth			Date of Receipt
	Mailing Address 1200 Jorie Boulevard			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14747871
	Oak Brook	IL	60523-2218	Amount of Each Receipt this Period
			00323 2210	Amount of Lacri Necept this Feriod
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MTL Insurance Company	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500,00	1
	Other (specify) ▼		500.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr Thomas E. Stiles			Date of Receipt
	Mailing Address 6 Harmony Way			05 26 2006
	City	State	Zip Code	Transaction ID: 14747874
	Newtown	PA	18940-1261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			300.00
	Name of Employer	Occupatio	n	
	London Life Reinsurance Company	Board M	ember	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	00 - 0		1 I
	Other (specify) ▼	0 0	300.00]
S	UBTOTAL of Receipts This Page (optional)			1100.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/30
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X
			, ,	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	
\rangle	American Council of Life Insurers Politica	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Mr Paul Zelenkofske			Date of Receipt
	Mailing Address 6514 NW 39 Terrace			05 26 7 2006
	City	State	Zip Code	Transaction ID: 14747876
	Boca Raton	FL	33496-4052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		270.00
	Name of Employer London Life Reinsurance	Occupation Board Me		
	Company Receipt For:		Year-to-Date ▼	
	Primary General		270.00	
	Other (specify) ▼	0 0	8 8 8 8 8 8	
3.	Full Name (Last, First, Middle Initial) GEN. Paul X. Kelley, USMC (RET)			Date of Receipt
	Mailing Address 1600 North Oak Street, 1	619		05 26 2006
	City	State	Zip Code	Transaction ID: 14747877
	Arlington	VA	22209-2769	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		270.00
	Name of Employer London Life Reinsurance	Occupation		7
	Company	Board Me		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	270.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Vaguiz Soultanbikov			Date of Receipt
	Mailing Address 101 Constitution Avenue NW Suite 700			05 31 2006
	City	State	Zip Code	Transaction ID: 15362639
	Washington	DC	20080-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer American Council of Life	Occupation		7
	Insurers	Research		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	[MEMO ITEM]
	Other (specify) ▼		-132.08	Refund(s) on Schedule B Totaling \$211.92 This changes the YTD Total to \$-1- 32.08
S	UBTOTAL of Receipts This Page (optional)			540.00
	The or receipts this rage (optional)		·······	
Т	OTAL This Period (last page this line number onl	y)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/30
	EMIZED RECEIPTS		or each category of the	(check only one)
-			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any person	for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ime and add	aress or any political committee to s	olicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	al Action (Committee	
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Ross L. Sargent Mailing Address 101 Constitution Ave, NV	M.		Date of Receipt
	Suite 700	V		W W , B b J , T b T b T b
	City	State	Zip Code	Transaction ID: PR112048976671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer American Council of Life	Occupation		
	Insurers Receipt For:	Senior Co	ounsel • Year-to-Date ▼	-
	Primary General	riggiogaio	1 1 1 1 1 1 1	P/R Deduction (\$41.67 Sem-
	Other (specify)		405.16	i-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR115642716671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life	Occupation	1	
	Insurers Receipt For:	CFO Aggregate	e Year-to-Date ▼	-
	Primary General	Aggregate		P/R Deduction (\$50.00 Sem-
	Other (specify) ▼	0 0	350.00	i-Monthly)
).	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77135826671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		260.00
	Name of Employer American Council of Life	Occupation		
	Insurers Receipt For:		e Vice Pres & General Counse e Year-to-Date ▼	
	Primary General	Aggregate		P/R Deduction (\$130.00 Se-
	Other (specify) ▼	0 0	1300.00	mi-Monthly)
s	UBTOTAL of Receipts This Page (optional)			443.34
_			<u> </u>	
T	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 9/30
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77136246671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers	Occupation Managing	n g Dir., Conference Developm	ent
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	· · ·	500.00	P/R Deduction (\$50.00 Sem- i-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. Michael J. Bartholomew			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77136286671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Council of Life	Occupation Senior Co		
	Insurers Receipt For:		Year-to-Date ▼	
	Primary General	00 0		P/R Deduction (\$50.00 Sem-
	Other (specify)	0 0	500.00	i-Monthly)
Э.	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137326671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		224.28
	Name of Employer American Council of Life	Occupation	ı	
	Insurers		ce President, State Relations	<u>. </u>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1121.39	P/R Deduction (\$112.14 Semi-Monthly)
S	UBTOTAL of Receipts This Page (optional)			424.28
_	ago (optional)		••••••••••••••••••••••••••••••••••••••	
Т	OTAL This Period (last page this line number on	ly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/30
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a
Ar	ny information copied from such Reports and State	ements may	not be sold or used by any person	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)		a	
/	American Council of Life Insurers Politica	al Action (Committee	
	Full Name (Last, First, Middle Initial)			
٩.	Ms. Shawn Hausman			Date of Receipt
	Mailing Address 101 Constitution Avenue. Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137356671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.16
	federal political committee.			71.10
	Name of Employer American Council of Life	Occupation	n	1
	Insurers		President, Public Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		205.81	P/R Deduction (\$20.58 Sem- i-Monthly)
	calci (opecily) 🔻	1 1		, manually
	Full Name (Last, First, Middle Initial)			
3.	Mr. David M. Leifer	N D A /		Date of Receipt
	Mailing Address 101 Constitution Avenue. Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137406671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing	С		102.92
	federal political committee.			
	Name of Employer American Council of Life	Occupation	n	
	Insurers	Senior C		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	481.25	P/R Deduction (\$51.46 Sem- i-Monthly)
				,
_	Full Name (Last, First, Middle Initial)			Data of Bassics
٠.	Mr. David R. Wentworth Mailing Address 101 Constitution Avenue	NIM		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		, 11177		N N 7 5 5 7 1 7 7 7
	City	State	Zip Code	Transaction ID: PR77137606671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing	С		60.00
	federal political committee.			
	Name of Employer American Council of Life	Occupation		
	Insurers		sident, Research	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/P Doduction (\$20.00 Sam
	Other (specify) \blacktriangledown		300.00	P/R Deduction (\$30.00 Sem- i-Monthly)
				204.08
S	UBTOTAL of Receipts This Page (optional)		>	204.00
т	OTAL This Period (last page this line number on	lv)	.	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 30	
ITEMIZED RECEIPTS		or each category of the	(check only one)		
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	<i>r</i> not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		, , p		_
$ \rangle$	American Council of Life Insurers Politi	cal Action (Committee		
	7 and real dearlon of the meaners i end	04171011011	56		
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. C. Bryan Cox			Date of Receipt	
	Mailing Address 101 Constitution Avenu	e, NW		M M / D D / Y Y Y Y	
	Suite 700 West City	State	Zip Code	Transaction ID: PR77137686671	
	Washington	DC	20001-2133	Amount of Each Receipt this Period	
	FFO ID work or of a sold bullion		20001 2100		7
	federal political committee.	C		41.00	
	Name of Employer American Council of Life	Occupation			
	Insurers Receipt For:		Vice President • Year-to-Date ▼	-	
	Primary General	Aygregate	: Teal-10-Date V	D/D D = d = +t = = (\$\psi 0.00 \tau	
	Other (specify)		205.00	P/R Deduction (\$20.50 Sem- i-Monthly)	
		0 0		,	
	Full Name (Last, First, Middle Initial)				_
В.				Date of Receipt	
	Mailing Address 101 Constitution Ave, N	IW		M M / D D / Y Y Y Y	
	Suite 700	Ctoto	Zip Code		
	City Washington	State DC	•	Transaction ID: PR77137716671	
	•	DC	20001-2133	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		200.00	
	- Todoral political committee:				-
	Name of Employer American Council of Life	Occupation			
	Insurers	<u> </u>	Vice President, State Relatio		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		1000.00	P/R Deduction (\$100.00 Se- mi-Monthly)	
	Cure (epocis) 🔻	0 0		,, ,	
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Linda L. Lanam			Date of Receipt	
	Mailing Address 101 Constitution Avenu	e, NW		M M / D D / Y Y Y Y	
Suite 700 West City State		State	Zip Code	Transaction ID: PR77137736671	
	Washington	DC	20001-2133	Amount of Each Receipt this Period	
			20001 2133	Amount of Each Necept this Feriod	7
	FEC ID number of contributing federal political committee.	C		50.00	
					Ť.
	Name of Employer American Council of Life	Occupation			
	Insurers	-	sident, Annuities	-	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D	
	Other (specify)	' '	250.00	P/R Deduction (\$25.00 Sem- i-Monthly)	
		0 0		,,	
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s	UBTOTAL of Receipts This Page (optional)			291.00	
\vdash	,				٦
T	OTAL This Period (last page this line number o	nly)			_

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/30
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17 17
Ar	y information copied from such Reports and State	ements may	γ not be sold or used by any persor	for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to s	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Council of Life Insurers Politica	al Action (Committee	
<u> </u>	Full Name (Last, First, Middle Initial)			Data of Popolist
۹.	Mr. Donald G. Preston Jr. Mailing Address 101 Constitution Avenue,	NIM		Date of Receipt
	Suite 700 West	, INVV		W W , B B , T T T T
	City	State	Zip Code	Transaction ID: PR77138646671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		144.80
	Name of Employer	Occupation	 1	1
	Name of Employer American Council of Life Insurers	•	g Director, Reinsurance	
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General		723.99	P/R Deduction (\$72.40 Sem-
	Other (specify) ▼		720.00	i-Monthly)
 3.	Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt
٠.	Mailing Address 101 Constitution Avenue,	NW		M M / D D / Y Y Y Y
	Suite 700 West	, . • • •		
	City	State	Zip Code	Transaction ID: PR77139516671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		313.54
	Name of Employer	Occupation	1	+
	Name of Employer American Council of Life Insurers	•	ce President, Federal Relatio	
	Receipt For:		Year-to-Date ▼	1
	Primary General		1567.70	P/R Deduction (\$156.77 Se-
	Other (specify) ▼		1307.70	mi-Monthly)
).	Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt
-•	Mailing Address 101 Constitution Avenue,	, NW		M M / D D / Y Y Y Y
Suite 700 West		State	Zip Code	Tunnestian ID DD77141026671
	City Washington	DC	20001-2133	Transaction ID: PR77141936671 Amount of Each Receipt this Period
	FEC ID number of contributing		20001 2100	
	federal political committee.	C		76.08
	Name of Employer American Council of Life	Occupation		1
	Insurers		sident, Taxes	_
	Receipt For:	Aggregate	Year-to-Date ▼	D/D D
	Primary General Other (specify) ▼		380.41	P/R Deduction (\$38.04 Sem- i-Monthly)
		0 0		,
s	UBTOTAL of Receipts This Page (optional)		>	534.42
	, , ,			
T	OTAL This Period (last page this line number onl	ly)	>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13/30
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77141976671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life	Occupation		
	Insurers Receipt For:	President	e Year-to-Date ▼	_
	Primary General	Aggregate	Frear-to-Date V	D/D Doduction (\$000.00 Co
	Other (specify)		2083.30	P/R Deduction (\$208.33 Semi-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West		M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR77141986671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life	Occupation Executive	n e Vice President & COO	
	Insurers Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		P/R Deduction (\$208.33 Se-
	Other (specify) ▼	0 0	2083.30	mi-Monthly)
) .	Full Name (Last, First, Middle Initial) Brenda Nation			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77141996671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life	Occupation	n	7
	American Council of Life Insurers	Senior Co		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$50.00 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			933.32
			•	
T	OTAL This Period (last page this line number on	nly)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/30
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
_				
	Full Name (Last, First, Middle Initial)			Date of Bookist
٦.	Mr. Daniel J. Mahoney Mailing Address 101 Constitution Avenue	A IVA /		Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	e, INVV		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77142096671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		111.50
	 			
	Name of Employer American Council of Life	Occupation		
	Insurers Receipt For:		sident, Communications e Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-Date V	D/D D - 1 - 1' /Φ55 75 0
	Other (specify)		557.50	P/R Deduction (\$55.75 Sem- i-Monthly)
	(openly)	0 0	0 0 0 0 0 0 0	7
	Full Name (Last, First, Middle Initial)			
3.	Ms. Debra K. West			Date of Receipt
	Mailing Address 101 Constitution Avenue	e, NW		M M / D D / Y Y Y Y
	Suite 700 West	01-1-	7'- 0-4-	
	City	State	Zip Code	Transaction ID: PR77142106671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	rederal political committee.			
	Name of Employer American Council of Life	Occupation	า	7
	Insurers		ounsel & Director, Southern	Re
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	P/R Deduction (\$50.00 Sem-
	Other (specify)	1 1		i-Monthly)
	Full Name (Last, First, Middle Initial)			
Э.	Mr. John P. Gerni			Date of Receipt
	Mailing Address 101 Constitution Ave, N	W		M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR77142876671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer American Council of Life	Occupation	n	7
	American Council of Life Insurers	Senior Le	egislative Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	P/R Deduction (\$50.00 Sem-
	Other (specify) ▼	0 0	300.00	i-Monthly)
_				311.50
S	UBTOTAL of Receipts This Page (optional)		······	
T	OTAL This Period (last page this line number or	nlv)		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/30
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St	atements ma	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Polit	ical Action (Committee	
Full Name (Last, First, Middle Initial)			
Mr. Juan Carlos Scott			Date of Receipt
Mailing Address 101 Constitution Ave, N	1W		M M / D D / Y Y Y Y
Suite 700 West	State	Zip Code	Transaction ID: PR77142886671
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1 1	112.50
federal political committee.	C		112.30
Name of Employer	Occupatio	n	7
American Council of Life Insurers		sident, Federal Relations	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		562.50	P/R Deduction (\$56.25 Sem- i-Monthly)
Cirior (opeony)	0 0	0 0 0 0 0 0 0	· monany,
Full Name (Last, First, Middle Initial)			
David C. Turner			Date of Receipt
Mailing Address 101 Constitution Ave, N Suite 700	1W		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR77142896671
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing	С		162.50
federal political committee.	0		
Name of Employer American Council of Life	Occupatio		7
Insurers		President and Corp Sec.	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Other (specify)		769.15	P/R Deduction (\$81.25 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) S. Ms. Susan Harvey			Date of Receipt
Mailing Address 101 Constitution Ave, N	JW		Date of Receipt
Suite 700 West			
City	State	Zip Code	Transaction ID: PR77143526671
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
			_
Name of Employer American Council of Life	Occupatio		
Insurers Receipt For:		Outreach e Year-to-Date ▼	-
Primary General	3994.		P/R Deduction (\$20.00 Sem-
Other (specify) ▼		440.00	i-Monthly)
SUBTOTAL of Receipts This Page (optional)		.	315.00
CODITION TO THE CONTROL OF THE PAGE (OPTIONAL)		······	
TOTAL This Period (last page this line number of	only)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Alane R. Dent Mailing Address 101 Constitution Ave, NV Suite 700	V		Date of Receipt
	City	State	Zip Code	Transaction ID: PR77144436671
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.30
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼		n sident, Federal Relations e Year-to-Date ▼ 226.49	P/R Deduction (\$22.65 Sem- i-Monthly)
3.	Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio Mailing Address 101 Constitution Avenue	NW		Date of Receipt
	Suite 700			
	City	State DC	Zip Code	Transaction ID: PR77144966671
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 50.00
	Name of Employer American Council of Life Insurers		ce President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	P/R Deduction (\$25.00 Sem- i-Monthly)
 C.	Full Name (Last, First, Middle Initial) Mr. Gregory F. Jenner			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77525896671
	Washington	DC	20080-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		390.00
	Name of Employer American Council of Life Insurers Receipt For:		n e Vice President, Taxes e Year-to-Date ▼	
	Primary General Other (specify) ▼		1950.00	P/R Deduction (\$195.00 Semi-Monthly)
S	UBTOTAL of Receipts This Page (optional)			485.30
T	OTAL This Period (last page this line number on	v)	>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Other (specify)

PAGE 17/30 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Maurice Perkins Date of Receipt Mailing Address 101 Constitution Ave, NW D Suite 700 City State Zip Code Transaction ID: PR80514916671 Washington DC 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 131.34 C federal political committee. Name of Employer American Council of Life Occupation Vice President, Financial Services Insurers Aggregate Year-to-Date ▼ Receipt For: Primary General P/R Deduction (\$65.67 Semi-Monthly) 656.69 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Wayne Mehlman Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 City Zip Code State Transaction ID: PR90481956671 Washington DC 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer American Council of Life Occupation Counsel, Insurance Regulation Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Sem-

250.00

i-Monthly)

SUBTOTAL of Receipts This Page (optional)	•	181.34
TOTAL This Period (last page this line number only)	•	5763.58

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 30 (check only one) 11a 11b X 11c 12
			, 0	13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politica	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) USAA Group PAC			Date of Receipt
	Mailing Address USAA Building OP-1-E 9800 Fredericksburg Roa	ad		05 22 2006
	City	State	Zip Code	Transaction ID: 14747878
	San Antonio	TX	78288	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0164145	5000.00
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	· · ·	5000.00	
	Curior (openity)	0 0		'
3.	Full Name (Last, First, Middle Initial) Protective Life Corp. PAC			Date of Receipt
	Mailing Address P. O. Box 2606			05 22 YYYY 2006
	City	State	Zip Code	Transaction ID: 14747882
	Birmingham	AL	35202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0161414	5000.00
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	1
	Primary General Other (specify) ▼		5000.00	
	Full Name (Last, First, Middle Initial)			
) .	AEGON USA Inc. Political Action Committee Mailing Address 1111 North Charles Street			Date of Receipt
	Mailing Address 1111 North Charles Stree	∂ l		05 31 2006
	City	State	Zip Code	Transaction ID: 14977600
	Baltimore	MD	21201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0236414	5000.00
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	5000.00	
	□ Other (specify) ♥	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			15000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/30
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Politi	ical Action (Committee	
Full Name (Last, First, Middle Initial) A. John Hancock Financial Services Federal PAC Mailing Address 200 Clarendon Street			Date of Receipt
	01-1-	7's Oads	05 31 2006
City Boston	State MA	Zip Code 02116	Transaction ID: 14977636 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0137265	5000.00
Name of Employer	Occupation	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Mutual of Omaha Companies PAC			Date of Receipt
Mailing Address Mutual of Omaha Plaza	a		05 30 / 9 2006
City	State	Zip Code	Transaction ID: 14977790
<u>Omaha</u>	NE	68175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0094581	5000.00
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial) C. CC Services INC Country PAC			Date of Receipt
Mailing Address P.O. Box 2020			05 30 / 9 2006
City	State	Zip Code	Transaction ID: 14977888
Bloomington	IL	67102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Coo	0390971	5000.00
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
SUBTOTAL of Receipts This Page (optional)			15000.00
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SCILDOLL B (I LOI OIII 3X)	Use seperate schedule(s)	(check only	NUMBER:	20/3	30							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	28b	24 28c	25 29	26 30b					
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)	and address of any political col	ininillee to so	IICII CONTINDU	10115 110111	i such con	millee						
American Council of Life Insurers Political	Action Committee											
Full Name (Last, First, Middle Initial)					4673845							
A. Bachus for Congress				isbursem		Y	Y					
Mailing Address P O Box 59444			05 18 7 2006									
•	State Zip Code AL 35259		Amount o	of Each D	isburseme	nt this P	eriod					
Purpose of Disbursement	Г					2000.0	0					
Candidate Name		011 Category/										
Spencer Bachus Office Sought: X House Disburser	ment For: 2006	Туре										
Senate X President	Primary General Other (specify)											
State: AL District: 6												
Full Name (Last, First, Middle Initial) Friends of Max Baucus			Transact Date of D	ion ID: 1								
Mailing Address 818 Connecticut Ave, NW Suite 1100			Amount of Each Disbursement this Period									
•	State Zip Code DC 20006		Amount o	of Each D	isburseme	nt this P	eriod					
Purpose of Disbursement	Г	011				2000.0	0					
Candidate Name Max Baucus												
Office Sought: House X Senate President Disburser	nent For: 2008 Primary X General Other (specify)											
State: MT District: 1												
Full Name (Last, First, Middle Initial) Blue Dog PAC			Date of D	isbursem	_							
Mailing Address 227 Massachusetts Ave, Suite 101	NE		05	[′] 30	/ Y	ž 0 ŏ 6	Y					
	State Zip Code DC 20002		Amount o	of Each D	isburseme	nt this P	eriod					
Purpose of Disbursement		011				2500.0	0					
Candidate Name		Category/ Type										
Office Sought: House Senate President State: District:	nent For: Primary General Other (specify) ▼											
SUBTOTAL of Disbursements This Page (optional)		▶				6500.0	0					
TOTAL This Period (last page this line number only)												

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	E NUMBER: PAGE 21 / 30									
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b					
Any Information copied from such Reports and State or for commercial purposes, other than using the nare												
NAME OF COMMITTEE (In Full)	le and address of any political co	ininillee to so	iicit continbu	lions mom	Such Com	Tilllee						
American Council of Life Insurers Politica	Action Committee											
Full Name (Last, First, Middle Initial)			Transact	ion ID: 14	832242							
Dave Camp for Congress				oisburseme		/ ° V ° '	v					
Mailing Address P.O. Box 423			05	['] 30 0		0 0 6						
City Midland	State Zip Code MI 48640		Amount o	of Each Dis	sbursemer		-					
Purpose of Disbursement	Г					1000.0	0					
Candidate Name Dave Camp		011 Category/ Type										
	ement For: 2006	туре										
Senate President	✓ Primary GeneralOther (specify) ▼											
State: MI District: 4 Full Name (Last, First, Middle Initial)												
3. Citizens for Action				ion ID: 14 Disbursement	ent	/ * V * ·	V					
Mailing Address P.O. Box 1535			Amount of Each Disbursement this Period									
City Wilkes-Barre	State Zip Code PA 18703		Amount o	of Each Dis			-					
Purpose of Disbursement		011				4000.0	0					
Candidate Name		011 Category/ Type										
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial)			Transact	ion ID: 14	1259044							
Cole for Congress				isburseme								
Mailing Address 12176 Chancery Station	Circle		0 5 M	0 8	/ Y 2	0 0 6	Y					
City Reston	State Zip Code VA 20190		Amount o	of Each Dis	sbursemer	nt this Pe	eriod					
Purpose of Disbursement		011				1000.0	0					
Candidate Name Tom Cole		Category/ Type										
· · · · · · · · · · · · · · · · · · ·	ement For: 2006 Primary General Other (specify)											
SUBTOTAL of Disbursements This Page (optional					6	00.00	0					
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b					
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							s					
NAME OF COMMITTEE (In Full)	and address of any political co		CONOR CONTR		oni outii (,						
American Council of Life Insurers Political	Action Committee											
Full Name (Last, First, Middle Initial)				action ID:		39						
Committee To Elect Artur Davis To Congre	SS			of Disburse		/ Y Y	Υ					
Mailing Address Post Office Box 1845			05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
•	State Zip Code AL 35201		Amou	nt of Each	Disburse	ement this F	Period					
Purpose of Disbursement	Г		T L.			1000.0	00					
Candidate Name		011										
Rep. Artur Davis		Category/ Type										
Office Sought: X House Senate President State: AL District: 7	nent For: 2006 Primary General Other (specify)											
Full Name (Last, First, Middle Initial)			Trono	action ID:	140222	16						
3. DCCC				of Disburse		40						
Mailing Address 430 South Capitol Street,	SE		05 M / D 3 D / Y Y Y O O 6 Y									
	State Zip Code		Amou	nt of Each	Disburse	ement this F	Period					
	DC 20003					5000.0	00					
Purpose of Disbursement		011		-		0000.						
Candidate Name												
Office Sought: Senate President State: Disburse	nent For: Primary General Other (specify)											
Full Name (Last, First, Middle Initial)			Trans	action ID:	1/8322	58						
Defend America PAC				of Disburse		.50						
Mailing Address 228 South Washington S Suite B-20	treet		0 ^M 5	м / В	0 /	Ž006	S Y					
,	State Zip Code VA 22314		Amou	nt of Each	Disburse	ement this F	Period					
Purpose of Disbursement	VA 22514	* *				5000.0	00					
Candidate Name		011 Category/ Type										
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼											
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21 27	b Ĺ	· —	X 23 28b	24 28c		25 29	26	
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NAME OF COMMITTEE (In Full)	and address of any political co	mmillee i	O SOIIC	it contrib	utions in	om such	COMM	щее		_
American Council of Life Insurers Political	Action Committee									
Full Name (Last, First, Middle Initial)						148322	249			_
A. DSCC					Disburse / D		Y Y	Y	Υ	
Mailing Address 120 Maryland Avenue, N	Ξ			0 5	3	0 /	2	0 ŏ 6		
	State Zip Code DC 20006			Amount	of Each	Disburse	ement	this P	eriod	
Purpose of Disbursement	20000		_				5(0.00	0	
		011								1
Candidate Name		Category/ Type								
Office Sought: House Disburse	ment For: Primary General									
President	Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial)						146737	753			
Gard For Congress				Date of	Disburse / D		v v		V	
Mailing Address PO Box 277				0 5	1	8 /	2	0 ŏ 6		
,	State Zip Code WI 54305			Amount	of Each	Disburse				Ī
Purpose of Disbursement		011	7				. 10	0.000	0	
Candidate Name Mr. John Gard										
Office Sought: X House Disburse	ment For: 2006	Type								
	Primary General									
State: WI District: 8	Other (specify) ▼									
Full Name (Last, First, Middle Initial)						143580)49			_
Friends of Sam Johnson				Date of	Disburse / D		v • v	V	V	
Mailing Address PO Box 860096				0 5	ا ا ا	8 /	2	0 ŏ 6		
,	State Zip Code TX 75086			Amount	of Each	Disburse	ement	this P	eriod	
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Candidate Name		011 Category/	_							
Sam Johnson		Type								
Office Sought: X House Disburse Senate	ment For: 2006 Primary X General									
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SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check onl	NUMBER:		PAGE	24 / 30		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b	
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<u> </u>	le and address of any political co	mmillee to sc	oncit contribu	uons mom :	Such com	muee		
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	Action Committee							
Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota				ion ID: 14 Disburseme				
Mailing Address 420 C Street, NE Lower Level			0 5	08	/ Y 2	0 0 6	Y	
City Washington	State Zip Code DC 20002		Amount	of Each Dis			-	
Purpose of Disbursement	lΓ	011				1000.0)	
Candidate Name Tim Johnson		Category/ Type						
	ement For: 2008 Primary General Other (specify)							
Full Name (Last, First, Middle Initial)			Transact	ion ID: 14	358048			
3. Sue Kelly for Congress			Date of D)isburseme	ent	,	v .	
Mailing Address 1707 Prince Street, #7			0 5	0 8	/ L 2	0 Ď 6		
City Alexandria	State Zip Code VA 22314		Amount	of Each Dis			-	
Purpose of Disbursement		011	L			2000.0	J	
Candidate Name Sue Kelly		Category/ Type						
X X	ement For: 2006 Primary General Other (specify)							
Full Name (Last, First, Middle Initial)			Transaci	ion ID: 14	358050			
Kenny Marchant For Congress			Date of D	isburseme	ent		-	
Mailing Address PO Box 110187			0 5	08	/ Y Ž	0 Ď 6	Y	
City Carrollton	State Zip Code TX 75011		Amount o	of Each Dis	bursemer	t this Pe	eriod	
Purpose of Disbursement	Ι.	044				1000.0	0	
Candidate Name Rep. Kenneth Marchant		011 Category/ Type						
Office Sought: X House Senate President State: TX District: 24	ement For: 2006 Primary X General Other (specify)							
SUBTOTAL of Disbursements This Page (optional)					4	000.00	<u></u>	
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NAME OF COMMITTEE (In Full)	e and address of any political co	ommutee to s	Olicit Contrib	ulions mom	Such com	millee						
American Council of Life Insurers Political	Action Committee											
Full Name (Last, First, Middle Initial)				tion ID: 14								
A. Buck McKeon For Congress				Disbursem		/	Y					
Mailing Address 24265 San Fernando Ro	ad		05 M / 08 / Y 2006 Y									
City Santa Clarita	State Zip Code CA 91321		Amount	of Each Di	sbursemer	nt this Pe	eriod					
Purpose of Disbursement	VA 91321		-			1000.00	0					
<u> </u>		011										
Candidate Name Rep. Howard McKeon		Category/ Type										
X	ement For: 2006 Primary General Other (specify)											
State: CA District: 25	, ,											
Full Name (Last, First, Middle Initial)			Transac	tion ID: 14	1160379							
Bob Ney for Congress				Disbursem								
Mailing Address PO Box 490			05	0 2	7 2	0 0 6	Y					
City St Clairsville	State Zip Code OH 43950		Amount	of Each Di								
Purpose of Disbursement	Г	011				1000.00	0					
Candidate Name Bob Ney		011 Category/ Type										
Senate X President	ement For: 2006 Primary General Other (specify)											
State: OH District: 18												
Full Name (Last, First, Middle Initial) NRCC				tion ID: 14 Disburseme	ent							
Mailing Address 320 First Street, SE			05	30	/ Y 2	0 0 6	Y					
City Washington	State Zip Code DC 20003		Amount	of Each Di	sbursemer	nt this Pe	eriod					
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Candidate Name		011 Category/ Type										
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or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)											
American Council of Life Insurers Politica	Action Committee										
Full Name (Last, First, Middle Initial)				T	ransac	tion ID:	148322	254			
NRSC				D	ate of I	Disburse		V V	· V	V	
Mailing Address 425 2nd Street, NE					0"5 "	່	0 /	2	0 0 6		
City	State Zip Code			А	mount	of Each	Disburse	emen	t this P	erio	d
Washington	DC 20002			- [Ę	5000.0	00	
Purpose of Disbursement		01	1								
Candidate Name		Cate Ty	gory/								
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Senate	Primary General										
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund						t ion ID: Disburse	143580)54			
					M M M		8 /	ΥΥΥ	Y .	Υ	
Mailing Address Attn: Keri Ann Hayes 209 Pennsylvania Ave, S	SE			L	0 5		8	2	0 Ď 6		
City Washington	State Zip Code DC 20003			Α	mount	of Each	Disburse	emen	t this P	erio	b —
Purpose of Disbursement	20000			+				5	5000.0	0	
		01	1								
Candidate Name											
Office Sought: House Disburs	ement For:										
Senate	Primary General										
President State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)				Т	ranear	tion ID:	148322	256			
Royce Campaign Committee						Disburse		_50			
Mailing Address P.O. Box 2525				- [05	[/] 3	0 /	Ý ž	0 ŏ 6	Y	
O'h.	Charles Zin Condo			_		- (F l-	Dist				
City Orange	State Zip Code CA 92859			A	mount	of Each	Disburse	emen	t this P	erio	1
Purpose of Disbursement				1 L				, 2	2000.0	00	
Candidate Name		Q1 Cata	gory/								
Ed Royce		Cale Ty	~ ,								
Office Sought: X House Disburs	ement For: 2006		·								
	Primary General										
State: CA District: 40	Other (specify)										
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or for commercial purposes, other that														
NAME OF COMMITTEE (In Full)														
American Council of Life Ins	urers Political	Action Co	mmittee											
Full Name (Last, First, Middle Initi	al)						Γransa	ction l	D: 14	13580	21			
Friends of Clay Shaw							Date of				, v	V .	V	
Mailing Address P.O. Box 3	2579						0 5	J´L	8 0	J L	2	0 Ď 6		
City Palm Beach Gardens		State FL	Zip Code 33420				Amoun	t of Ea	ch Di	sburse	ment	this P	erio	ī
		rL .	33420								1	000.0	00	٦
Purpose of Disbursement					011		-		-			-		-
Candidate Name Clay Shaw				Cat	egory/									
Office Sought: X House	Dioburgo	ment For:	2006	ı	уре									
Senate		Primary	General											
President		Other (spe												
State: FL District: 22														
Full Name (Last, First, Middle Initi	al)					1	Γransa	ction l	D: 14	16735	79			
Simmons for Congress							Date of	Disbu						
Mailing Address P.O. Box 2	 776						0 5 M	/ [18	/ Y	ž	0 ŏ 6	Y	
							-							
City Arlington		State VA	Zip Code 22202				Amoun	t of Ea	ch Di	sburse	ment	this P	erio	1
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Candidate Name Rob Simmons					egory/ ype									
Office Sought: X House	Dishurse	ment For:	2006	'	ype									
Senate		Primary	General											
President		Other (spe	ecify)											
State: CT District: 2														
Full Name (Last, First, Middle Initi	al)					- 1				16788	69			
Snowe for Senate							Date of		rsem	ent	, · · v	· V	V	
Mailing Address P.O. Box 2	006						0 5	J´L	19	ľ	2	0 Ď 6		
City		State	Zip Code				Amoun	t of Ea	ch Di	sburse	ment	this P	erio	-
Portland Purpose of Disbursement		ME	04104								1	839.2	21	٦
r dipose of Disbursement)11			-		-			-	
Candidate Name Olympia Snowe				Cat	egory/									
Office Sought: House	Dieburee	ment For:	2006	- 1	уре									
x Senate		Primary	General											
President		Other (spe												
State: ME District: 1														
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 28		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica				
Full Name (Last, First, Middle Initial) Snowe for Senate			Transaction ID: Date of Disburse	ement
Mailing Address P.O. Box 2006			05 1	9 7 2006
City Portland	State Zip Code ME 04104		Amount of Each	Disbursement this Period
Purpose of Disbursement		011		1160.79
Candidate Name Olympia Snowe		Category/ Type		
X Senate President	ement For: 2006 Primary X General Other (specify)			
State: ME District: 1 Full Name (Last, First, Middle Initial)				1 1000005
3. Team Sununu			Transaction ID: Date of Disburse	ement
Mailing Address PO Box 500			05 3	0 2006
City Rye	State Zip Code NH 03870		Amount of Each	Disbursement this Period
Purpose of Disbursement		011		2000.00
Candidate Name John Sununu		Category/ Type		
Office Sought: House Disburs	ement For: 2008 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) Catering by Windows			Transaction ID:	
Mailing Address 1125 North Royal Stree	<u> </u>			8 2006
City	State Zip Code		Amount of Each	Disbursement this Period
Alexandria Purpose of Disbursement	VA 22314			404.04
In-Kind Contribution Candidate Name Mr. Juan Vargas		011 Category/ Type		
	ement For: 2006 Primary General Other (specify)		In-Kind Contrib	oution
SUBTOTAL of Disbursements This Page (optional)				3564.83
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE NUMBER:					PAGE 29/30					30	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(cł	neck or 21b 27	lly o	ne) 22 [28a [2:	3 3b		24 28c	П	25 29		26 30b
	y Information copied from such Reports and S for commercial purposes, other than using the												s	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)													
/	American Council of Life Insurers Poli	itical Action Committee												
۹.	Full Name (Last, First, Middle Initial) Mr. Vaguiz Soultanbikov					Transa Date o		urse	mer					
	Mailing Address 101 Constitution Ave Suite 700	enue NW				0 5		^D 3	1	/ L	ž	οŏε	3	
	City Washington	State Zip Code DC 20080-0001				Amour	nt of E	ach I	Disk	ourser	-			od
	Purpose of Disbursement Refund		01	0								211.	92	
	Candidate Name	C	ateg Typ	•										
	Senate President	sbursement For: Primary General Other (specify)				Refund	d							
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na	•			· ·						
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
	American Council of Life Insurers Politic	al Action Co	ommittee								
_	Full Name (Last, First, Middle Initial)				Transaction ID: 14358085						
۹.	Republican Senate Campaign Committee	ee of Ohio			Date of Disbursement						
	Mailing Address Attn: Jimmy Hanson, 7 211 South Fifth Street				05 M / D 0 B / Y 2 0 0 6 Y						
	City Columbus	State OH	Zip Code 43215		Amount of Each Disbursement this Period						
	Purpose of Disbursement			011	2500.00						
	Candidate Name			Category/ Type							
	Office Sought: House Disbu Senate President	rsement For: Primary Other (sp	General ecify) ▼								
	State: District:										

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